

Note: Please submit by the claim submission target date of the 10th of the month following the month claimed. All claims must be postmarked by the 20th day of the second month following the month claimed to be considered for payment.

**Claim For Reimbursement
School Nutrition Programs**

CNFS 71-5 (04/04)

Return To: California Department Of Education
Child Nutrition Fiscal Services
1430 N Street, Suite 2213
Sacramento, Ca 95814

If label is not available, type or print
agreement number (county, district, school,
and sub codes), name, and address in the
space provided.

All claims must be submitted with a copy.

See reverse for instructions.

County		District Code					School Code					Sub Code	

1. Name Of Participant					Address					City					Zip Code	
2. Month/Year		3. <input type="checkbox"/> a. Original Claim <input type="checkbox"/> b. Adjusted Claim			STATE USE ONLY											
					4. ADJUSTMENT CODE	5. REASON CODE	6. Number Of Children Approved To Receive Free Meals Or Milk		7. Number Of Children Approved To Receive Reduced Price Meals		8. Number Of ½ Pints Of Fluid Milk Purchased This Month		9. Total Cost Of Fluid Milk Purchased This Month \$			

PART I – MONTHLY REPORT				MEAL SUPPLEMENT ELIGIBILITY DATA		10. Number Of Children Approved For Free Meal Supplements		11. Number Of Children Approved For Reduced Price Meal Supplements					
Report items 12 through 16a monthly.													
	A. Authorized Sites Participating		B. Enrollment		C. Number Of Operating Days		D. Paid Meals Or Special Milk Served		E. Free Meals Or Special Milk Served		F. Reduced Price Meals Served	G. Total Meals Or Special Milk Served	
12. National School Lunch (Program A)													
13. Basic School Breakfast (Program B)													
14. Especially Needy School Breakfast (Program C)													
15. Special Milk (Program D)													
16. Meal Supplements (Snacks) (Program E) INCLUDE AREA ELIGIBLE COUNTS													
16a. Area Eligible Meal Supplements (For Information Only)													

PART II – REVENUE Report items 17 through 26 annually. Participants in School Lunch, Basic Breakfast, Especially Needy Breakfast, and/or Meal Supplement Programs must report annual revenue and costs on the June claim. **All monetary figures entered on this claim must be rounded to the nearest whole dollar. Please refer to the claim instruction booklet for more detailed information.** Yearly cost and revenue totals for the Summer Seamless Feeding Waiver sites must be included in the totals.

	H. Daily Sales (Actual Receipts)	I. Federal Reimbursement	J. State Reimbursement	K. Needy Meal Tax/ Rev. Add-On	L. Other	M. Total (Columns H Through L)	STATE USE ONLY		
17. National School Lunch (Program A)									
18. Basic School Breakfast (Program B)									
19. Especially Needy School Breakfast (Program C)									
20. Meal Supplements (Program E)									
21. Miscellaneous Food Service									
22. TOTAL (Lines 17 through 21)									
PART II – COST INCURRED		23. Food		24. Labor		25. Other		26. Total Costs	

CERTIFICATION: I certify to the best of my knowledge this claim is true and correct in all aspects, that the records are available to support this claim, that this claim is in accordance with the terms of existing School Nutrition Program agreement(s), and that I have not received payment for this claim.	Name Of Person Preparing Claim		Telephone Number	Extension # ()	Date Of Preparation
	Original Signature Of Authorized Official		Title Of Authorized Official		Date